

Name in Full

Certificate of Death

Eph. M. Angel

Town

County

Died at

MARYLAND

Date 1892	Month Nov	Day 6	Y. 15	M.	D.	Native of Md	Occupation farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79700

Attended by Dr. Dr. Hoff,
of Massachusetts
and

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Adaline Apple

70

Died at

Town
Bark Hill

County
Carroll

MARYLAND

Date

Nov

Month

11

Day

16

Y.

M.

D.

Native of

Occupation

Age

63

6

17

Maryland

~~Male~~

White

~~Mixed~~

Widow

~~Deceased~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

4

~~Husband~~

of

Elias Apple

Wife

Father's

Name

Benjamin Fleagle

Mother's

Name

Catharine Fleagle

Cause of

Primary

Operation

How long sick

Death

Immediate

Cheyne Stokes Respiration

~~Accident, Suicide, Homicide~~

Reported by

Address

8

H. H. Healey

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70705

Attended by Dr.

Kemp

of

Uniontown, Md

Information contained in this certificate received from

Abram B. Appler

of

Meadville Pa

Name in Full

Certificate of Death

Bessie Viola Baile

Town

Winfield

County

Carroll

MARYLAND

Died at

Date 1932

Month

Day

Y.

M.

D.

Native of

Occupation

11 28

Age 19-10-8

md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Fletcher A. Baile

Mother's

Maiden Name

Sarah E. Baile

Cause of

Primary

Cerebral Tumor

How long sick

4 yrs.

Death

Immediate

Cerebral Tumor

~~Accident, Suicide~~ Homicide

Reported by

J. P. Walz & Son St. Wm & Co

Address

Winfield md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew Bair

Town

County

Long

Carroll

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

11

4

Age

87-9-21

Native of

Occupation

Md

Farming

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

5

Husband of

Mary Bair

Father's

Mother's

Name

Geo. Bair

Maiden Name

Catharine Bair

Cause of

Primary

Old Age

How long sick

4 yrs.

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. P. Walz + Son F. D. ing E's

Address

Wrightfield. Carroll Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joshua

Barnes

Town

County

Died at Louisville

Carroll

MARYLAND

Date 1902 Nov 3

Month

Day

Y.

M.

D.

Native of

Occupation

Age 71-4-21

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Hammer
ThreeHusband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary Catarrh of Bile ducts

Death

Immediate Heart failure

How long sick

8 days

~~Accident, Suicide, Homicide~~

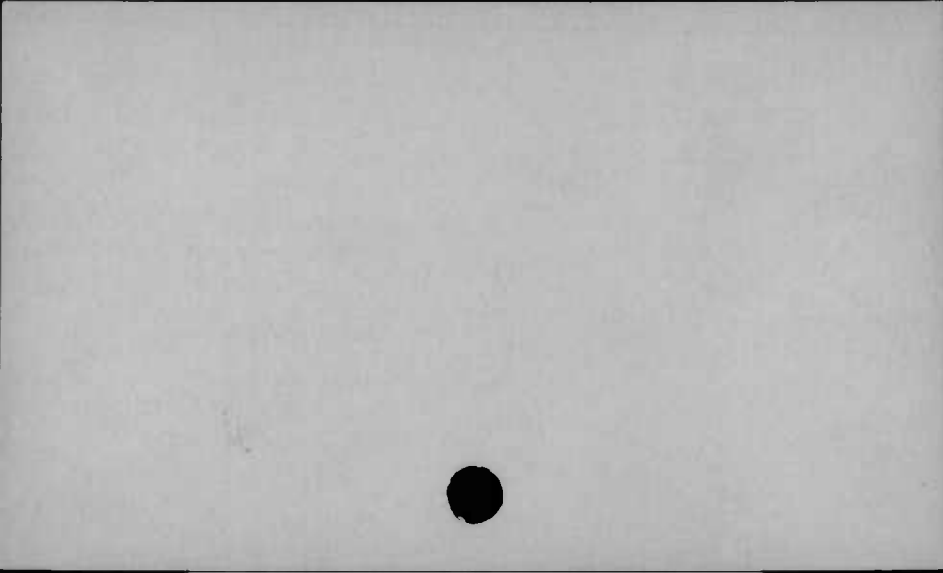
Reported by

Dr. S. H. Gorman

Address

Gorman
road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

²⁸⁴
Benjamin F. Benson
Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death 190

2 Nov

30th

Age

67

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Minister

Name of Wife or
~~Husband~~

Maria Elizabeth Thomas

Father's
Name

Ruben Benson

Father's
Birthplace

—

Mother's
Maiden Name

Margaret Adrian Benson

Mother's
Birthplace

—

Name of person giving
In formation

Frederick J. Benson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Angina Pectoris - Chronic

How long

about 3 years

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

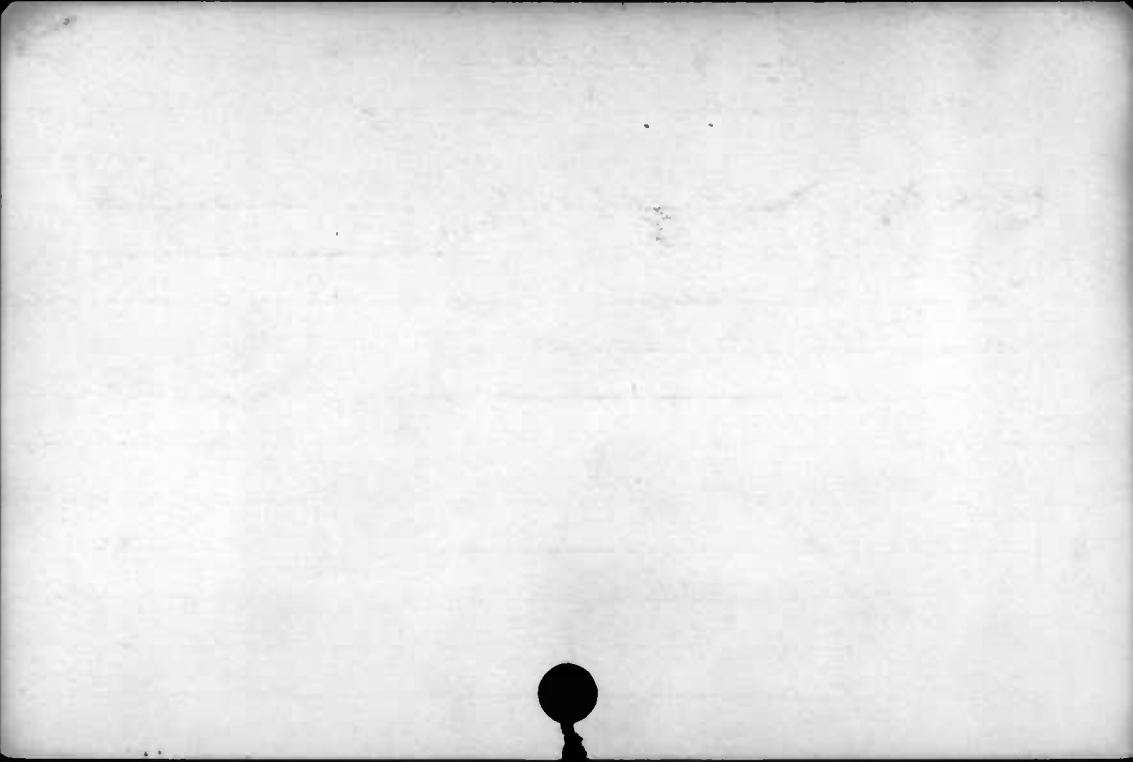
Chas R. Fort

Address

Westminster

Maryland

Accident or Suicide?



Name
in
Full

Leslie Bowen

CERTIFICATE OF DEATH

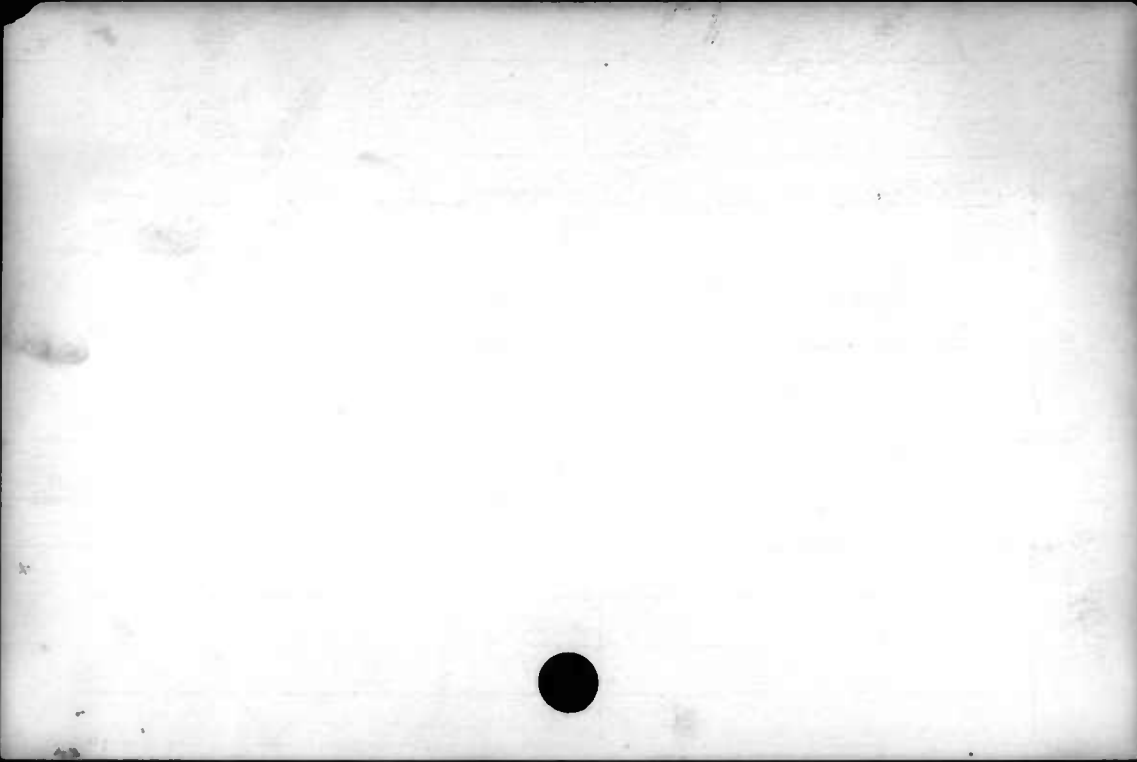
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Gamber</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190	2	Month <i>Nov</i>	Day <i>26</i>	Age —	Years —	Months <i>3</i>	Days —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Gamber</i>			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name <i>David Bowen</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rebecca Pohler</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>David Bowen</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exhaustion from birth</i>	How long	<i>3 mos</i>
Immediate	<i>Heart Failure</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr S C Gorsuch</i>	
<i>Yes</i>		Address <i>Gamber</i>	
Accident or Suicide?		—	



Name in Full

Certificate of Death

Carl Eugene Brandenburg.

Town

County

Died at

Eldersburg. Carroll

MARYLAND

Date 1902 Nov. 5 Age - 1 12 Native of Md. Occupation

Male White Married Widower

Female Colored Single

Number of children living

Husband of

Wife

Father's Name Dorsey Brandenburg Mother's Name Virginia T. Phillips

Cause of Death Primary Immediate

Was born at 6 1/2 mos. 151

How long sick 6 weeks

Immediate Inanition

Accident Suicide Homicide

Reported by M.D. Morris. M.D.

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

288 Lewis Brown ✓

Town

County

Died at

Abnathouse

Carroll

MARYLAND

Date 1902

Month

Day

11-30

Age

Y.

M.

D.

Native of

Occupation

Md

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

cancer Liver. 40

How long sick

Death

Immediate

Heart -

Accident, Suicide, Homicide

Reported by

Jno S. Mathias M.D.

Address

Westminster

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full

Certificate of Death

Harry

Corbin

Town

County

MARYLAND

Died at near Westminster Carroll

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Nov.	12	7	8	23	md -	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
Wife

Father's Name	Mother's Maiden Name
William Corbin	Mary - Singling.

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Diphtheria	Heart trouble Septicemia	2 weeks	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

McKainsville cemetery

Name In Full

Certificate of Death

Nancy Cross

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov-16

Age

6

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Meningitis, 61

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Colored cemetery

Name
in
Full

John William Evans

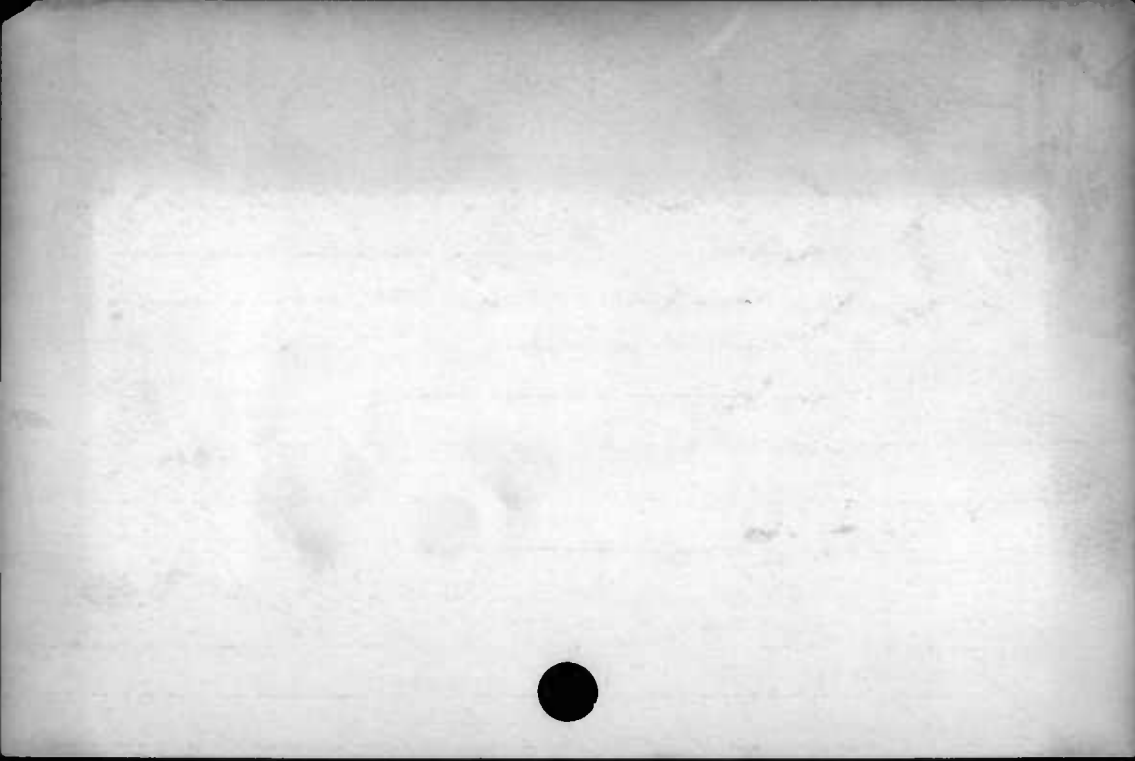
CERTIFICATE OF DEATH

Died at <i>Patapsco</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>November</i> <small>Month</small>	<i>9th</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>28</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>	Occupation <i>Minister</i>				
Name of Wife or Husband <i>Emma Bedonia Evans</i>					
Father's Name <i>Noah Evans</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Jane E. Evans</i>			Mother's Birthplace <i>Maryland.</i>		
Name of person giving information <i>Calvin R Chen</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	<i>27</i>	How long <i>3 month</i>
Immediate <i>General Debility</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Male</i>		Signature of Physician <i>M L Bott</i>
<i>White, Age 39</i>		Address <i>Westminster Md</i>
Accident or Suicide?		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Elizabeth Flickinger

Town

County

Died at

Hempstead Carroll

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 10th

Age

81

Pa

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Amos Flickinger

Mother's

Harnish

Maiden Name

old age

old age

How long sick

Accident, Suicide, Homicide

Re. Birnie M. H.

Jancy Brown



Name in Full

Certificate of Death

Matilda Haines

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 28

Age 52

Ind

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

William Crabbs

Mother's

William Crabbs Maiden Name

Sarah Reeves

Cause of

Primary

Death

Immediate

Heart Trouble

How long sick

3 weeks.

Accident, Suicide, Homicide

Reported by

Dr Thos Coonan

Address

Westminster Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

1902 - 11 - 28

1860 - 2 - 21

42.9.7

Bethany or
Jerusalem

Name In Full

Certificate of Death

John Harris
 Town County
 Died at Eldersburg. Carroll MARYLAND
 Date 1902 Nov. 23 Y. M. D. Age 81. 9. - England Miner
 Male White Married Widowed
 Female Colored Single Widower Number of children living 5
 Husband of _____
 Wife _____
 Father's Name Unknown Mother's Maiden Name Unknown
 Cause of Death { Primary Senility Immediate Hemiplegia
 How long sick 154
 Accident, Suicide, Homicide
 Reported by M. D. Morris. M.D.
 Address 8 Eldersburg, Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rebecca

Hauke

Town

County

MARYLAND

Died at

Tancy Town

Carroll

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 2

Age

66.0 20

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Ezra W. Hauke

Father's

Name

Abraham Null

Mother's

Maiden Name

Null

Cause of

Primary

Hepatitis

114

How long sick

2 mos

Death

Immediate

Abscess Liver & Nerve

Accident, Suicide, Homicide

Reported by

LeBarron MLO

Address

Tancy Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hopkins, Mirial Louisa

Town

County

Died at WaverlyBarrie

MARYLAND

Date Nov 1902 11 - 22 Age 37 amt
~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~ Wid Domestic
 Female Colored Single Widower Number of children living 3

Husband of George W. Hopkins
 Wife

Father's Name Samuel Rhubottom

Mother's Name Mary Rhubottom

Cause of Primary Pneumonia (Double)

How long sick

2 days

Death Immediate Asphyxiation

93~~Accident, Suicide, Homicide~~

Reported by

Martha Lucas, M.D.

Address

Waverly, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at Hammondsport Town Hammondsport County Cattaraugus MARYLAND

Date 19 12 Month 11 Day 2 Y. - M. - D. - Native of Ind Occupation -

~~Male~~ White Married Age - Widow Divorced -

Female Colored Single Widower Number of children living 00

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick -

Accident, Suicide, Homicide

Reported by Dr. G. F. Ball, M.D.Address Hammondsport, N.Y.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Leroy Lipsey

Died at

Westminster *Carroll*

MARYLAND

Date 19*02*

Month *11* Day *3*

Age

Y. *1* M. *1* D. *8*

Native of

Ma

Occupation

Male

White

~~Married~~

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Granville Lipsey

Mother's

Maiden Name

Susan

Elgin

Cause of

Primary

Enteric - Cholera

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Jos. J. Fleming

Address

Westminster

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

At St Benjamin's Cemetery.

Joanna R Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	2	Month	Nov	Day	23 rd	Age	70
Sex		Female		Color or Race		White	
Married, Single or Widowed		Widow		Occupation		Maryland	
Name of Wife or Husband		Abraham Long					
Father's Name		George A Long -				Father's Birthplace	
Mother's Maiden Name		Rachel. Grammer				Mother's Birthplace	
Name of person giving information		Wm. Long.				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pemiplegia - - -	How long	about 3 years
Immediate	Pneumonia -	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. R. Foub.	
Address		Westminster	
Accident or Suicide?		Maryland	

Name in Full

Certificate of Death

George Clifton Murray
 Town *Hampstead* County *Carroll*
 Died at *Hampstead* *Carroll* MARYLAND
 Date *1902* Month *11* Day *5* Y. *3* M. *2* D. *U. S.*
 Male *White* ~~Female~~ *Married* ~~Single~~ *Widow* ~~Widower~~ *Divorced*
 Number of children living *0*

Husband of _____
 Wife _____

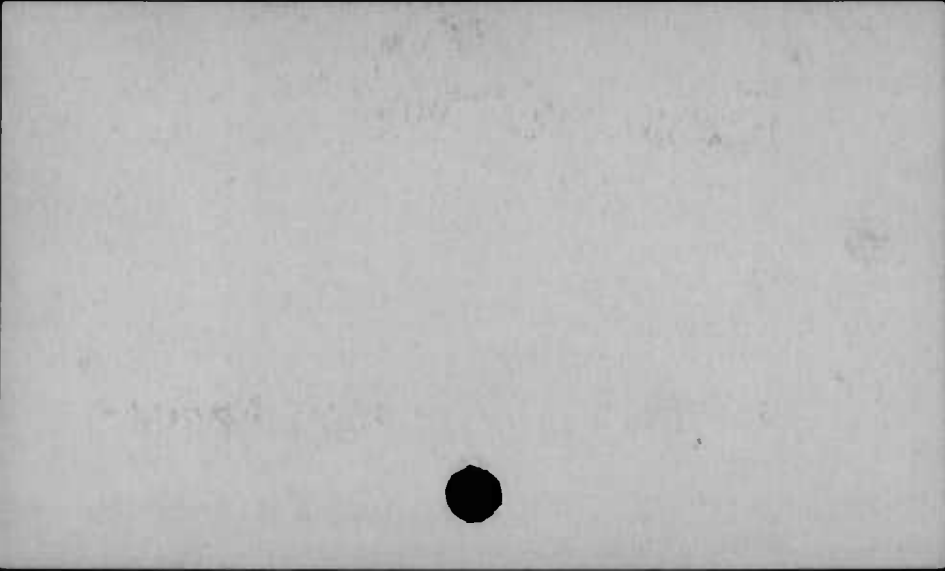
Father's Name *Clifton L. Murray* Mother's Name *Georgia Asher Murray*

Cause of Death { Primary *Bronchitis Pneumonia* How long sick *17 da*
 Immediate *92* ~~Accident, Suicide, Homicide~~

Reported by *Edgar M. Bush M.D.*
 Address *Hampstead Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH.



Name In Full

Certificate of Death

Joshua *Vicuum*
 Town County
 Died at *Westminster* *Carroll* MARYLAND

Date 19*02* Month *Nov* Day *16* Y. *42* M. *3* D. *—* Native of *md* Occupation *Salver*
 Male White Married Widew Divorced
 Female Colored Single Widower Number of children living *none*

Husband of

Wife

Father's Name *Samuel Vicuum* Mother's Maiden Name *Minerva Brown*

Cause of Death { Primary *Pneumonia* How long sick
 Immediate *Heart* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Ezeniah Ohler

Died at ^{Town} Packerstown ^{County} Carroll

MARYLAND

Date 1902 ^{Month} 11 ^{Day} 24 | Age 76 ^{Y.} 10 ^{M.} 20 ^{D.} | Native of Md | Occupation Housewife~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widowed~~

Number of children living 7

Husband of Isaac Ohler

Father's Name Isaac Ohler Mother's Maiden Name Ezeniah Hockensmith

Cause of Death { Primary Bronchopneumonia | How long sick Ten days.
Immediate Heart failure | Accident, Suicide, Homicide

Reported by F. H. Seiss, M.D.

Address Packerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Washington Reaver

Died at

Town

Longville

County

Carroll

MARYLAND

Date

1902 Nov. 23⁵

Month

Day

Y.

M.

D.

Native of

Occupation

Age

82. 5. 23

Maryland

Farmer

Male

White

Married

~~Single~~

Number of children living

5

Husband

of

Rebecca Bowers

Father's

Name

Joseph Reaver

Mother's

Name

Mary Ickes

Cause of

Primary

Chronic Enterocolitis

How long sick

2 months

Death

Immediate

Exhaustion

Reported by

George T. Matter M.D.

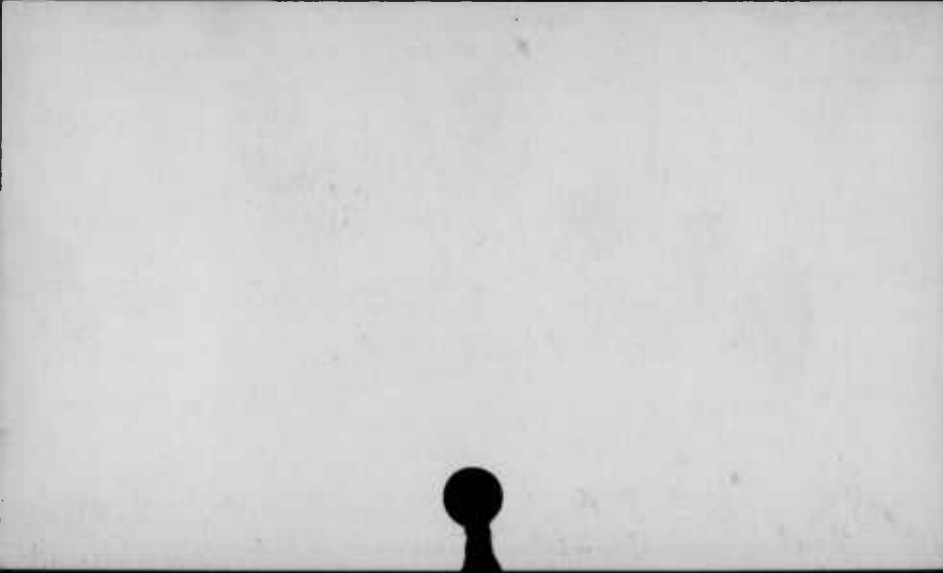
Address

Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.

LIBRARY-BUREAU, 78706



Name In Full

Certificate of Death

Alice Edwina Rowe
 Died at *Bark Hill* Town *Lancaster* County *MD* **MARYLAND**
 Date 19 *02* Month *Nov* Day *20* Y. *49* M. *3* D. *24* Native of Occupation

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *5*

Husband of *Nathan Rowe*
 Wife
 Father's Name Mother's Name *Alice Eyer*
 Maiden Name

Cause of Death { Primary *Apoplexy* Immediate
 How long sick *5 days*
 Accident, Suicide, Homicide

Reported by *Nathan Rowe*
 Address *Uniontown, Md.* *H. H. Nease*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Attendant*
 LIBRARY BUREAU, 70828



Name in Full

Certificate of Death

Wolf D. Schwartz ✓

Died at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date 1902 ^{Month} Nov. ^{Day} 15 ^{Age} 80 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Germany ^{Occupation} Laborer

~~Female~~ ^{Male} ~~Colored~~ ^{White} ~~Single~~ ^{Married} ~~Widower~~ ^{Widower} Number of children living 2

Husband
ofFather's
Name

Unknown

Mother's
Name

Unknown

Cause of { ^{Primary} Sarcoma of Femur 45 How long sick 7 mos.

Death { ^{Immediate} Exhaustion ~~Accident, Suicide, Homicide~~

Reported by

M D Morris. M.D.

Address

Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70706



Ellen Trite

CERTIFICATE OF DEATH

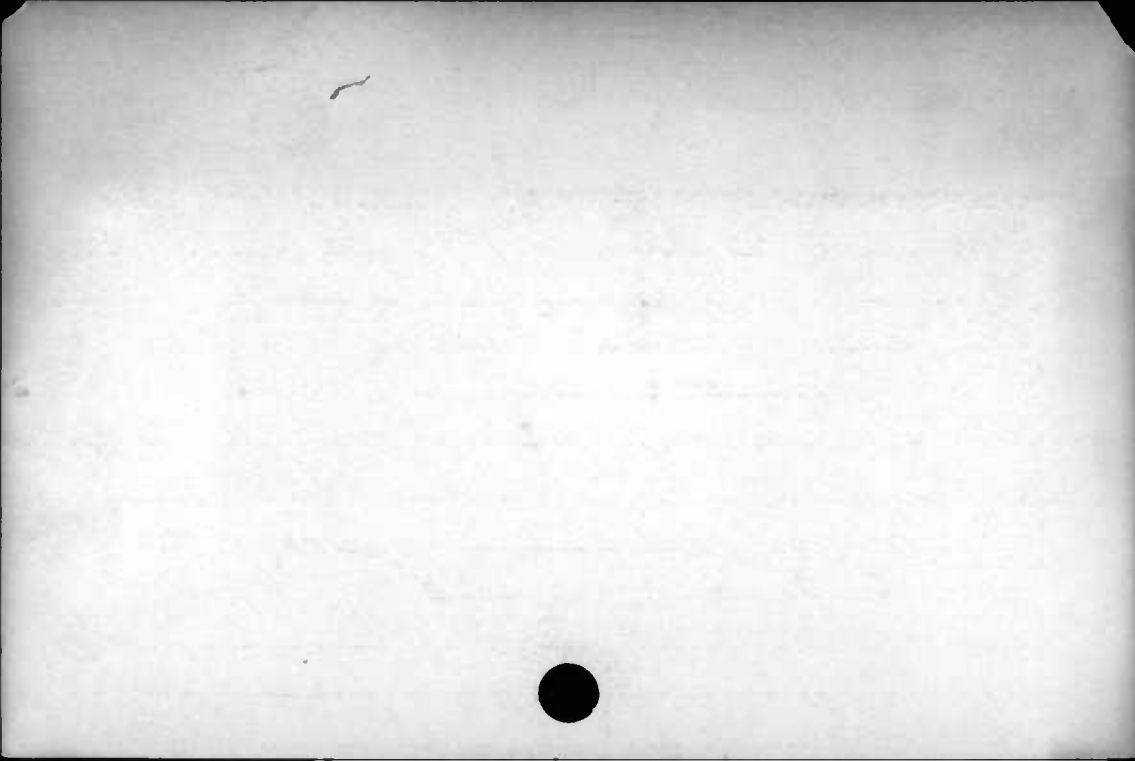
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>63</i>	Months <i>9</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Married, <i>Yes</i> or Widowed	<i>Married</i>	Occupation <i>Housewife</i>			
Name of wife or Husband <i>John Trite</i>					
Father's Name <i>David Ecker</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Ellen</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Harvey C. Harris</i>			How related to deceased <i>son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility-Tubercular</i>	How long <i>years</i>
Immediate <i>Supposed Heart failure</i>	How long <i>_____</i>
Are the name, age, sex, date and place correctly given above? <i>yes</i>	Signature of <i>No physician - signed by</i>
	Address <i>Chas. R. Foutz Health Off.</i>
	<i>Westminster, Md.</i>
Accident or Suicide <i>_____</i>	



Name In Full

Certificate of Death

Died at

Date 19

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

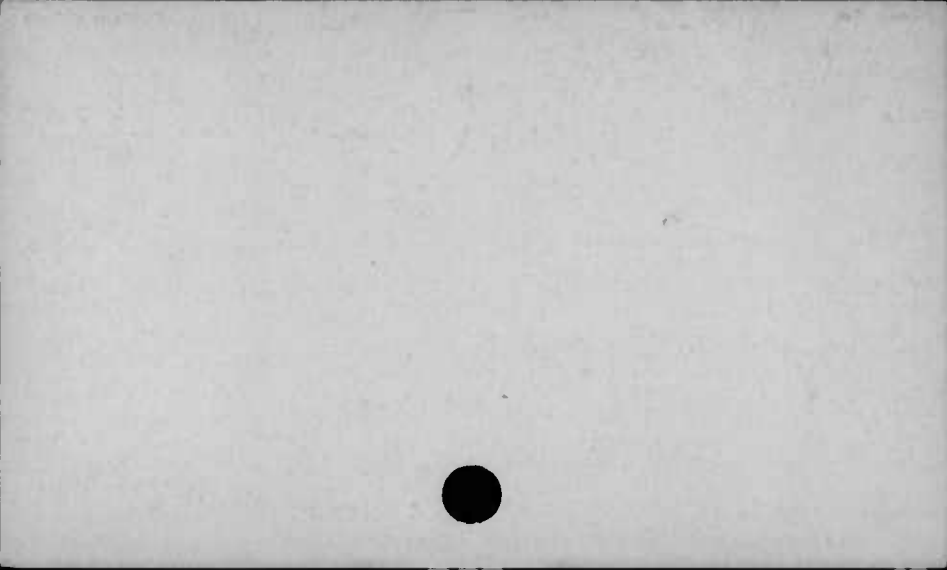
Mysel Utz

Town West Brunswick County Carroll

MARYLAND

Month 11 Day 28 Y. 13 M. md D. mdAge 13Native of md Occupation md~~Male~~ White ~~Married~~ Widow ~~Divorced~~Female ~~Colored~~ Single ~~Widower~~ Number of children living mdHusband of mdWife mdFather's Name Frank Utz Mother's Maiden Name Emma CaltriderCause of Death { Primary Rheumatism How long sick mdDeath { Immediate Cerebro Spinal Meningitis Accident, Suicide, Homicide mdReported by J H Sherman M DAddress Manchester Md

LIBRARY BUREAU, 76804



Name in Full

Certificate of Death

Town *Hamontown* County *Carroll Co* MARYLAND

Died at *Hamontown* *1902* Month *Nov* Day *25* Y. *21* M. *3* D. *28* Native of *Carroll Co* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Wife*

Father's Name *Jos R. Hoff* Mother's Name *Hollister Hoff*

Cause of Death *Dysentery* Primary ☒ Secondary ☐ How long sick *12 weeks*

Death Immediate ☒ Delayed ☐ Accident, Suicide, Homicide ☐

Reported by *H. H. Weaver*

Address *H. H. Weaver*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name in Full

Certificate of Death

Mary Elizabeth Yingling

Town

County

Died at

MARYLAND

Date 19

02

Nov

28

Age

42.

9-

7

Native of

Ind

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

David E. Yingling

Wife

Father's

Name

John Harris

Mother's

Maiden Name

Elizabeth Hollenberg

Cause of

Primary

Pneumonia

Death

Immediate

Pneumonia

93

How long sick

Accident, Suicide, Homicide

Reported by

E. H. Brown AMO

Address

New Windsor

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Country of New Mexico